(d) The New Policy was necessitated because of many epidemiological and demographic changes that have since taken place in the country resulting in new challenges such as emergence of HIV/ AIDS and Hepatitis and lifestyle diseases (cardiovascular, cancer, diabetes). This policy makes and explicit commitment of resources to achieve the targets. Further, it limits itself to making recommendations for participants operating within the health sector, unlike the 1983 Policy which gave recommendations spanning the inter-connected sectors as well. The role of the private sector, NGOs and other institutions of civil society has been adequately recognised in the new National Health Policy-2002.

(e) The National Health Policy-2002 has been recently approved by the Govemment. In addition to being put on the website of the Department of Health, copies of the Policy are being widely circulated to all concerned and an Action Plan for implementation of the Policy is being drawn up. To generate awareness regarding new policy initiatives, mass media campaign is being launched.

National Policy on ISM

4837. SHRI RAMA MUNI REDDY SIRIGIREDDY:
SHRI K. RAMA MOHANA RAO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal before his Ministry to have a National Policy on Indian Systems of Medicine;

(b) if so, the salient features of the proposed policy;

(c) whether his Ministry is going to give 100 per cent tax benefit for ISM industry;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRl A. RAJA): (a) and (b) A policy on Indian Systems of Medicine has been drafted. The salient features of the policy include the following:—

(1) Strengthening the education and research infrastructure of ISM&H.

(2) Encouraging the development of the medicinal plants sector.

(3) Fostering integration of the ISM&H sector in the national health care delivery system.

(4) Enforcing Good Manufacturing Practices (GMP).

(5) Providing adequate budget at Central and State level. .

(6) Encouraging and nurturing the ISM and H industry.

(7) Preventing the grant of patents for the medicinal use of plants which have long been in use in ISM.

(8) Encouraging medical tourism and promoting ISM in foreign countries.

(c) to (e) The policy also supports tax relief and fiscal incentives to industry.

Cadre review for GDMO of CHS

4838. SHRI DARA SINGH CHAUHAN:
SHRI ANIL SHARMA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Fifth Central Pay Commission has recommended cadre review for GDMO of CHS;

(b) whether his Ministry has completed the cadre review;

(c) if so, the details thereof and if not, the reasons for inordinate delay; and

(d) by when the cadre review would be completed?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) The Fifth Central Pay Commission has not made any specific recommendation regarding cadre review for General Duty Medical Officers (GDMOs) of Central Health Service. It has however made a general recommendation regarding cadre review for all Group A Central Civil Services at five yearly interval. This Ministry had appointed a Consultant to undertake Cadre review of Central Health Service. He has submitted his report. Since cadre review requires lot.of information and needs consultation with the Department of Personnel and Training, Ministry of Finance etc., it is a long drawn process and may take time.